



## ARTIST'S INVOICE – FEES



Date Submitted	( Day / Month / Year) / /		
Name			
Mailing Address			
City/ Province		Postal Code	
Home Phone	( )	Work Phone	( )
Facsimile	( )	E-mail Address	

Please fill in the appropriate dates under the following headings.

School/Teacher/Grade	Teacher Planning Session (\$40)	1 <sup>st</sup> Artist Visit (\$70)	2 <sup>nd</sup> Artist Visit (\$70)	3 <sup>rd</sup> Artist Visit (\$70)	Fee \$250/class
					\$
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					\$
				<b>Total</b>	\$

Facilitator: \_\_\_\_\_

Superintendent: \_\_\_\_\_